

215037156
60053

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 500	Agency Case No. B5-084513	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/12/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY 09/13/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1235	POLICE NOTIFIED 1235		
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 27TH ROYAL TO EASTGATE			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C 1	DISTANCE FROM MILEPOST	FEET	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY						IF NOT AT INTERSECTION X FEET <input type="radio"/> MILES N S E W 13.00 X
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AND MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OF NEAREST CITY OR TOWN		
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
VEHICLE NO. 1							
F 1	DRIVER LICENSE NO.	H13057984			STATE (Of License)	NE	
V1/N 1	DRIVER	RYAN S CASSELL			PHONE	4028751920	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 1140 N 69TH ST, LINCOLN, NE 68505			DATE OF BIRTH (MM / DD / YYYY)	03/27/1988	
G 2	OWNER	RYAN S CASSELL			PHONE	4028751920	
H 5	OWNER ADDRESS	CITY, STATE, ZIP 320 SKYWAY RD, LINCOLN, NE 68505			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB487752	
V1/O 3	LICENSE PLATE PA NO.	TMG104			YEAR (Plate Expires)	2016	
V2/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
I 1	VEHICLE	1992	Chevrolet	SBZ	Medium/large	red	
J 01	VEHICLE ID NO. (VIN)	1GNDT13Z6N2110045			INSURANCE COMPANY	BRISTOL WEST	
K 01	TOWED TO	320 SKYWAY			TOWED BY	CAPITAL	
L 01	TOWED TO				POLICY NO.	G00 6562679-02	
VEHICLE NO. 2							
F 1	DRIVER LICENSE NO.				STATE (Of License)		
V1/P 1	DRIVER				PHONE		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
G 01	OWNER				PHONE		
H 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 1	LICENSE PLATE NO.				YEAR (Plate Expires)		
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
I 01	VEHICLE						
J 01	VEHICLE ID NO. (VIN)				INSURANCE COMPANY		
K 01	TOWED TO				TOWED BY		
L 01	TOWED TO				POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	2 Eject	
						3 Body Region	
						4 Injury Sev.	
						5 Trans.	
						SEX M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084513

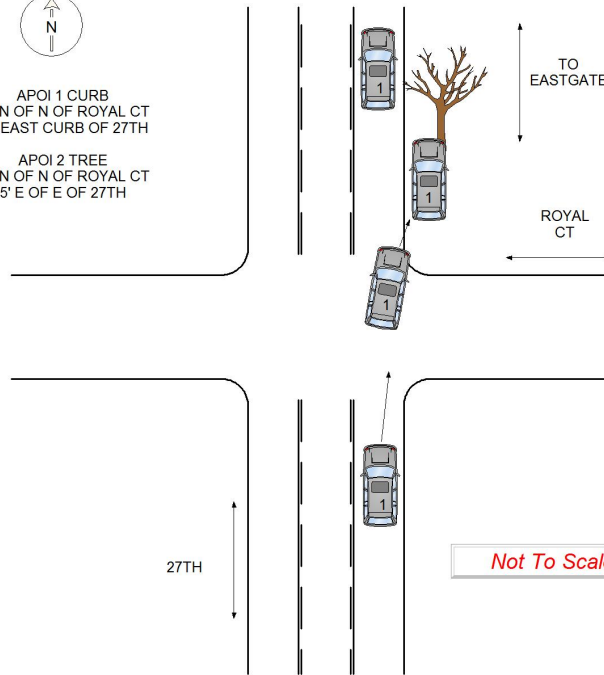


Indicate
North
by Arrow



APOI 1 CURB
13' N OF N OF ROYAL CT
AT EAST CURB OF 27TH

APOI 2 TREE
46' N OF N OF ROYAL CT
5' E OF E OF 27TH



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh. 1 states he was operating a motor veh. NB on 27th between Royal Ct and Eastgate. Dr. 1 states he was eating while driving and took his eyes off the road and when he looked back up his veh. had drifted to the right and his veh. struck the curb and left partially left the roadway and continued and struck a tree in the right of way the impact disabled his veh. Witness states he was driving behind veh. 1 and as it was Nb on 27th it was weaving in the lane until it struck the curb and tree.

PROPERTY	OBJECT DAMAGED TREE	OWNER NAME CITY OF LINCOLN 555 S 10TH, LINCOLN, NE 68508	ADDRESS	PHONE 4024417548	APPROX. COST OF DAMAGE \$ 15
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$

WITNESSES	NAME ROBBIE G LIERMAN 6511 FOXGLOVE LN, LINCOLN, NE 68516	ADDRESS	PHONE 4023106246
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1		VEH 2									
1	X				27TH								4		2									
2																								
1	01	06 Turning left				VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		Driver No. 2								
2		07 Making U-turn				POINT OF IMPACT		POINT OF IMPACT		2 Deployed - side		2 Lap & shoulder belt used		Y		Y								
		08 Entering traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA		3 Deployed - both front/side		3 Shoulder belt only used		N		N								
		09 Leaving traffic lane				00 None		01		4 Not deployed		4 Lap belt only used		N		N								
		10 Parked				09 Top & windows		02		5 Child safety seat used		5 Child safety seat used		N		N								
		11 Slowing or stopped in traffic				10 Undercarriage		03		6 Not applicable/ No airbag available		6 Child booster seat used		N		N								
		12 Other				11 Total (all areas)		04		7 DOT approved helmet used		7 DOT approved helmet used		N		N								
		13 Unknown				12 Other		05		8 Costume helmet used		8 Costume helmet used		N		N								
						08		06		9 Restraint use unknown		9 Restraint use unknown		N		N								
OFFICER NO. 1442					TROOP/ TEAM/ BEAT SE					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
INVESTIGATOR NAME (Print or Type) Reed Pavelka										INVESTIGATOR SIGNATURE Approved by Officer Reed Pavelka										DATE OF REPORT 09/13/2015				